

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036896

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 209

Primary Registration District No. 3042

Registrar's No. 331

FILED SEP 16 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal, Missouri.		c. CITY OR TOWN RFD # 3. New London, Mo.	
Length of stay in 1b 7 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital.		d. STREET ADDRESS (If outside, give location) Spencer Township.	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First OTTO Middle H. Last BOSSOW		4. DATE OF DEATH Month Sept Day 3, 1963 Year	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-7-1889
9. AGE (last birthday) 74 Yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loborer.	
10b. KIND OF BUSINESS OR INDUSTRY Int. Harvester Co.		11. BIRTHPLACE (City and state or country) Tipton, Iowa.	
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Joseph Bossow		13b. MOTHER'S MAIDEN NAME Dora Bossow.	
14. NAME OF HUSBAND OR WIFE Ethel Bossow.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Ethel Bossow.		Address New London, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Bladder.		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs
DUE TO (b) Carcinoma of Colon.		2 Yrs
DUE TO (c) Lukemia		6 Mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Cloran	(Degree or title) M.D.	22b. ADDRESS Hannibal, Missouri.	22c. DATE SIGNED 9-5-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-5-1963	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery.	23d. LOCATION (City, town, or county) Hannibal, Mo.
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24. FUNERAL DIRECTOR Clyde Wick	ADDRESS Perry, Missouri.	25. DATE RECD. BY LOCAL REG. Sept 6, 1963	26. REGISTRAR'S SIGNATURE Dr. E. M. Locke by J. L. H. H. H.
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
10648  
208701  
3  
4 0  
5 1  
6  
7 1  
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953.8  
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11  
12 2-0  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clyde Wilkey*

Licensed Embalmer No.

*3820*

P. O. Address

*Perry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit received 9/6/63*